

Results of the QPR EMS Suicide Knowledge and Skill Survey May 2010

INTRODUCTION

In 2007, Colorado had the sixth highest suicide rate in the United States, 16.7 suicides per 100,000 persons, which is considerably higher than the suicide rate for the United States as a whole (11.5 suicides per 100,000 persons).

During May 2010, Colorado EMS personnel were asked to take part in a survey to assess their knowledge, perceptions, skills, experience with, and training related to suicide prevention.

METHODS

Participants

The respondents for this survey were 115 EMS personnel from the state of Colorado. In order to recruit EMS personnel to complete the online survey, the Injury, Suicide and Violence Prevention Unit at the Colorado Department of Public Health and Environment disseminated the survey link via a the following sources:

- The Regional Emergency Medical and Trauma Advisory Council (RETAC) lead contacts in the 11 RETAC's in Colorado.
- Via Marilyn Bourne at the Department of Public Health and Environment, who is the State Training Coordinator for the Emergency medical and Trauma Services Section.
- The Suicide Prevention Coalition of Colorado's Listserv.
- Various community grant contacts of the Colorado Injury, Suicide and Violence Prevention Unit.

Survey

The 36-item survey was available on the internet via SurveyMonkey.com. The survey covered five content domains: *Professional Exposure to Suicide, Personal (Non-Professional) Exposure to Suicide, Suicide Prevention Skills and Intervention, Suicide Prevention Training, and Impact of Suicide on Professional and Personal Life.*

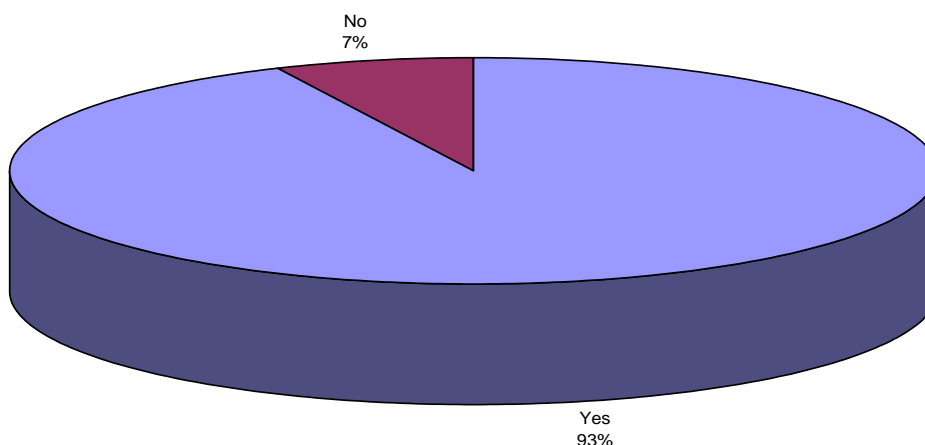
RESULTS

A total of 115 surveys were initiated by EMS personnel, of those 104 EMS personnel completed the entire survey. Results of the survey are as follows:

Professional Exposure to Suicide

When asked whether they had every “suspected and/or intercepted a suicidal communications” and/or “seen one or more suicide warning sign” in the course of their professional life, 107 respondents answered “Yes,” while only 8 respondents answered “No” (see Figure 1).

Figure 1: Survey Item: *“In your role as a professional, have you ever suspected and/or intercepted a suicidal communications, or seen one or more warning signs in someone to whom you were providing services”*



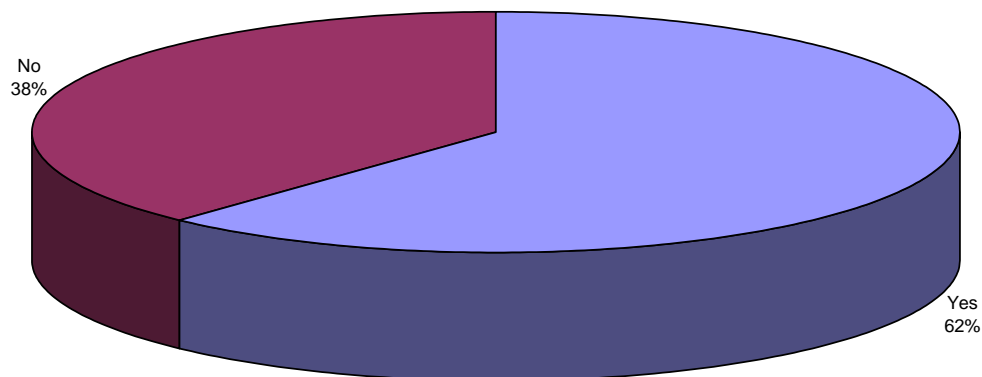
Of those individuals who were identified by the respondents as making suicidal communications and/or exhibiting suicide warning signs, a large percentage of those individuals ended up attempting suicide (74%), while only 11% did not attempt suicide. It was unknown in 15% of the cases whether the person identified made a suicide attempt.

An overwhelming majority of the survey respondents have been involved in the assessment of an individual who has attempted suicide (91%). It should be noted these are initial medical assessments, not psychological ones. Of those who were assessed by EMS professionals 46% (n=52) ended up dying by suicide. It was unknown in 28% of the cases whether or not the person died by suicide. It was known that 26% did not die by suicide.

Personal (Non-Professional) Exposure to Suicide

In those EMS personnel who completed the survey, 62% reported they had suspected suicidal communications and/or seen one or more suicide warning sign in their personal (non-professional) life (see Figure 2).

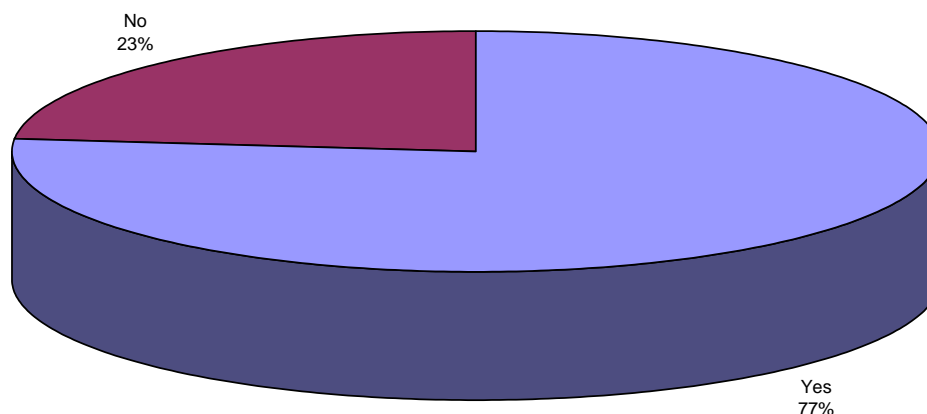
Figure 2: Survey Item: *“In your role as a citizen (non-professional life), have you ever suspected and/or intercepted a suicidal communication, or seen one or more warning signs of suicide?”*



Of those whom were identified as communicating suicidality either verbally or non-verbally, 27 (25%) later made a suicide attempt, and 12 (11%) eventually died by suicide. Respondents were not asked to report the length of time between the observance of a suicide warning sign and a suicide event (attempt or completion).

Seventy-seven percent (n=86) of the EMS personnel who completed this survey had known someone personally who had ended his or her life by suicide (see Figure 3). Of those whom the EMS professional had personally known who died by suicide, 20 were blood relatives or family members, 69 were friends of the EMS personnel, and 21 were consumers.

Figure 3: Survey Item: *“Have you personally know anyone who has ended his or her life by suicide?”*



Suicide Prevention Skills and Intervention

Results of the survey indicate that a large percentage (94%) of the EMS personnel did attempt to intervene when confronted with a potentially suicidal consumer. In regards to the questions about feeling comfortable and competent when they did attempt a suicide crisis intervention, the results can be seen in Tables 1 and 2, as well as graphs below.

Table 1: Survey Item: *“If you did attempt an intervention, please indicate how comfortable you felt while handling the crisis”*

	Total	Percentage
Very Comfortable	21	20%
Comfortable	52	50%
Neutral	21	20%
Uncomfortable	12	11%
Very Uncomfortable	1	1%

Figure 5: Survey Item: *“If you did attempt an intervention, please indicate how comfortable you felt while handling the crisis”*

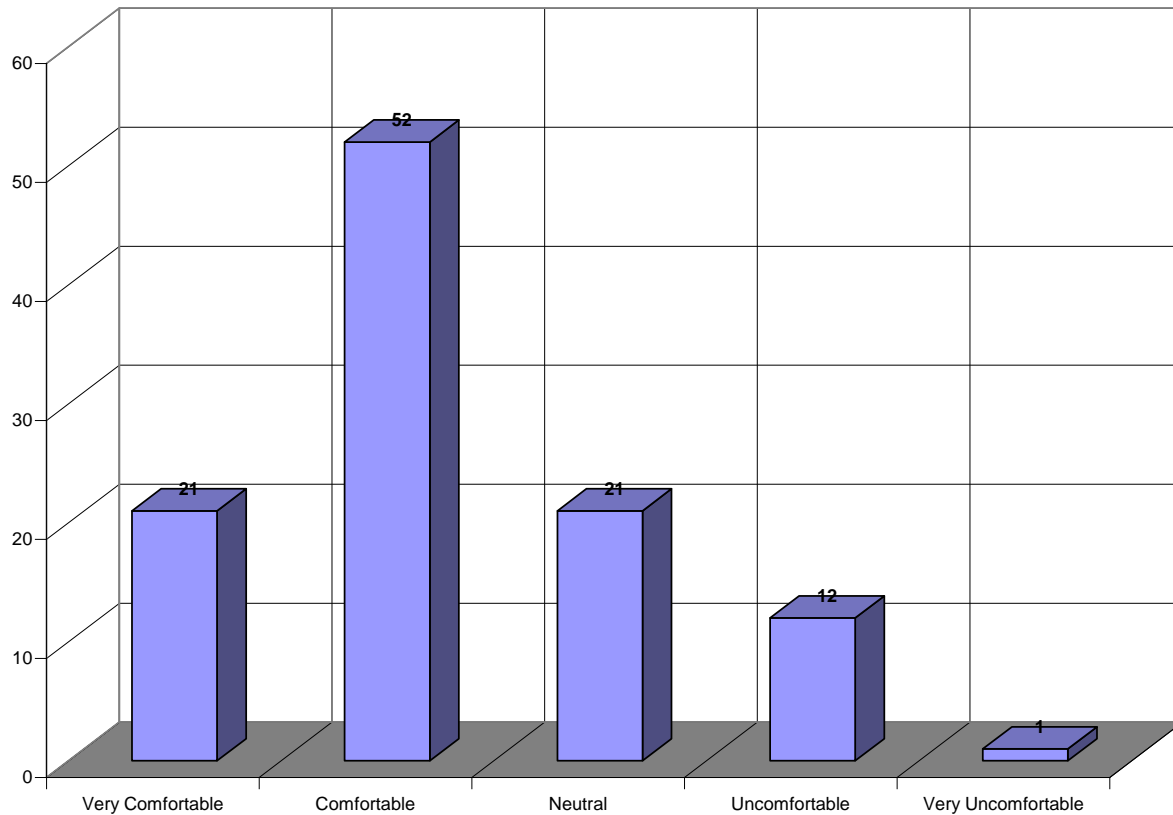
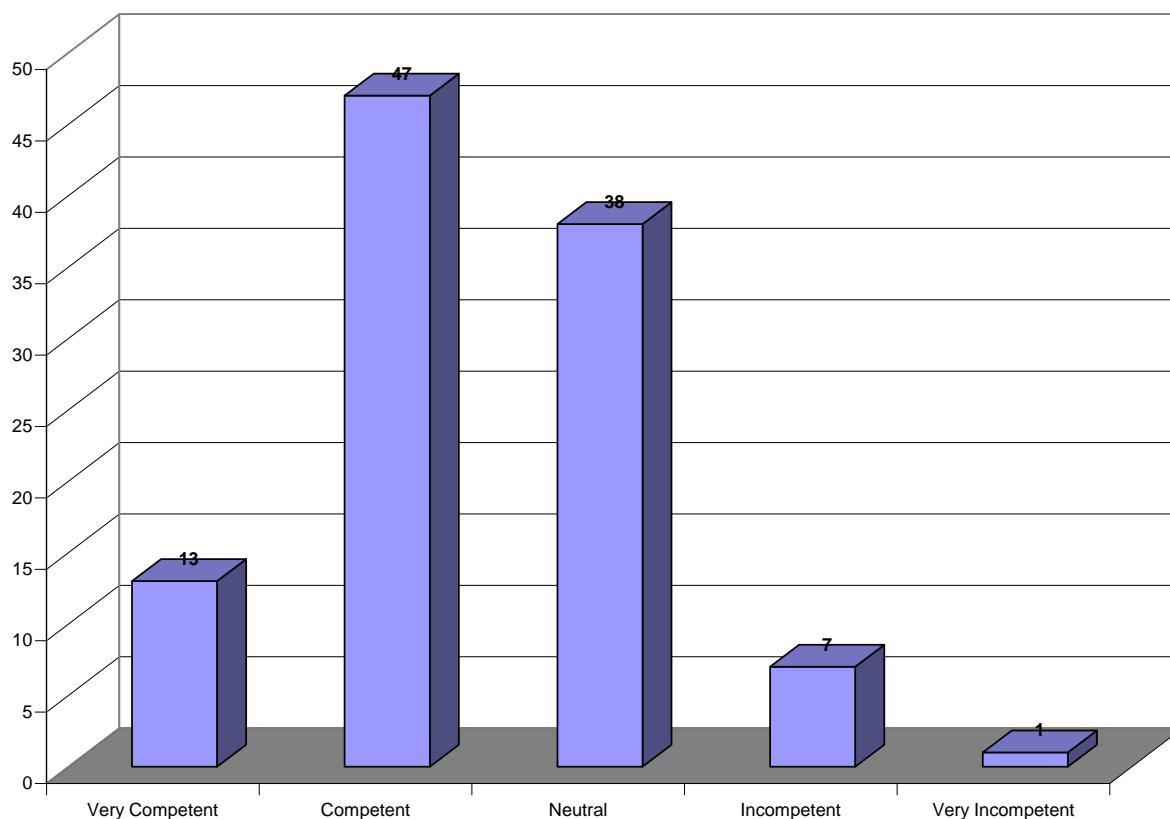


Table 2: Survey Item: *“If you did attempt an intervention, please indicate how competent you felt handling the crisis”*

	Total	Percentage
Very Competent	13	12%
Competent	47	44%
Neutral	38	36%
Incompetent	7	7%
Very Incompetent	1	1%

Figure 6: Survey Item: *“If you did attempt an intervention, please indicate competent you felt handling the crisis”*



When asked if whether person in comparable positions to the EMS professional should be educated in suicide risk detection, initial assessment, and referral skills; 95% of the respondents endorsed yes, and 96% believed that this suicide-related education should be included in the basic EMS education. While, 73% of respondents felt that continuing education in suicide prevention should be a requirement for EMS personnel.

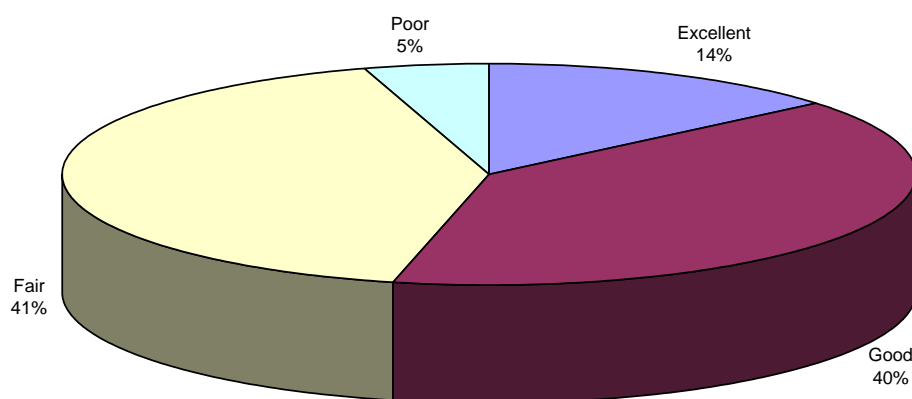
EMS personnel were also asked if they believe that in their professional role they have a duty to assist suicidal persons, and might be exposed to legal action if they failed to take reasonable and prudent steps to mitigate the risk of a suicide attempt. A large percentage of the respondents (74%) answered that they did feel that they would be exposed to such legal action because a duty to assist suicidal persons.

Suicide Prevention Training

When asked about what type of suicide prevention training they have had, EMS professionals in this Colorado sample reported that most of the training they have received has been via continuing education (n=59), followed by seminars (n=30), college courses (n=21). Two respondents had received suicide prevention training via on-line courses.

When asked to rate the quality of suicide prevention training they've received, 42% reported it to be "Fair," 40% rated it to be "Good," 14% reported it as "Excellent," and only 5% reported it to be "Poor" (see Figure 7).

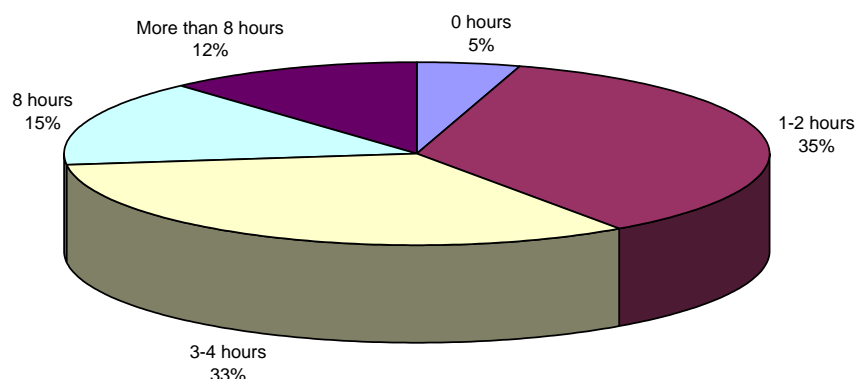
Figure 7: Survey Item: *"If you have received suicide prevention training how would you rate this training?"*



Eighty-six percent of the EMS personnel reported that they would be willing to participate in further training to learn more about suicide prevention, 9% of the respondents were uncertain if they would be willing to engage in such education, and 5% said they were not willing to learn more about suicide prevention.

In regard to how many hours they would be willing to commit towards suicide prevention education over the course of a year, the majority responded that somewhere between one and four hours per year would be what they could commit to given their professional role, duties, and commitments (see Figure 8).

Figure 8: Survey Item: *"Given my professional role, duties, and current commitments to continuing education, I could commit to the following amount of time per year to suicide prevention training."*



The preferred format training was in-vivo professional seminar or presentation (66%), followed by a multi-media on-line tutorial and in-vivo review and Q&A, followed by multi-media on-line tutorial with no in-vivo training. The least preferred option was a read-only printed text format.

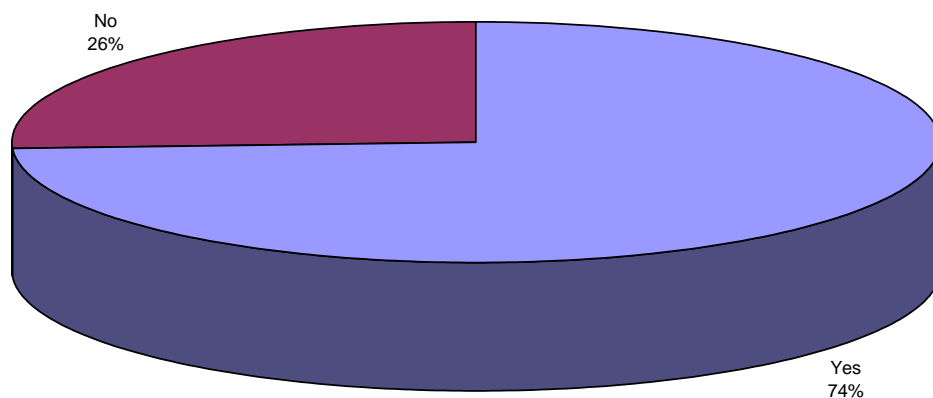
Respondents were also asked if they felt that EMS personnel would benefit from additional training in (a) detecting suicidal communications, and in (b) basic assessment and referral or intervention skills. In response to this survey item, 94% of the respondents answered “Yes.”

Respondents were also asked if they felt that EMS personnel should be included in the national and state efforts to reduce suicide attempts and completions. An overwhelming majority (91%) positively endorsed this option.

When asked if their role as an EMS professional in the United States carried any special “moral obligations” to prevent suicide, and thereby save lives, 74% of the respondents answered “Yes,” while 26% of the respondents answered “No.”

Respondents were also asked if they knew any survivors of suicide (those persons who have lost a loved one to suicide). These results can be seen in Figure 9.

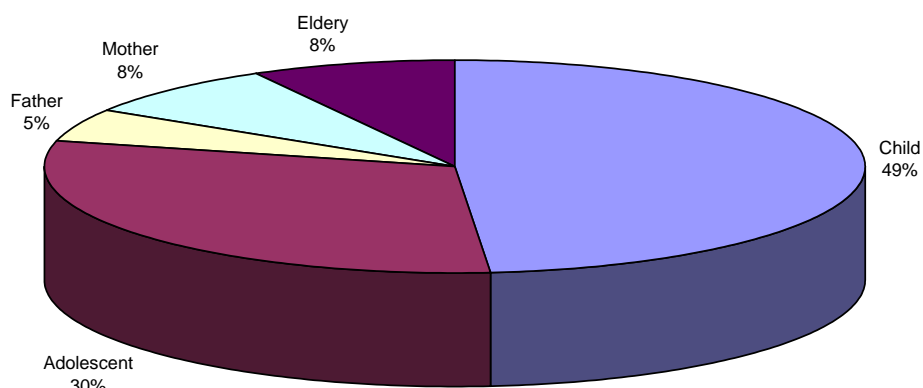
Figure 9: Survey Item: “Do you know any survivors of suicide (persons who lost a loved one to suicide)?”



Impact of Suicide on Professional and Personal Life

The final section of the survey addressed the impact a suicide on the professional or personal life of the EMS professional. The first item in this section addressed which type of “suicide calls” affected the EMS personnel the most; child, adolescent, father, mother, or an elderly person. Not surprisingly, a suicide call involving a child most affected EMS personnel (49%). See Figure 10 for the full results of this question.

Figure 10: Survey Item: *“Of all the suicide calls I have responded to, the ones that affect me the most are when the individual is a:”*

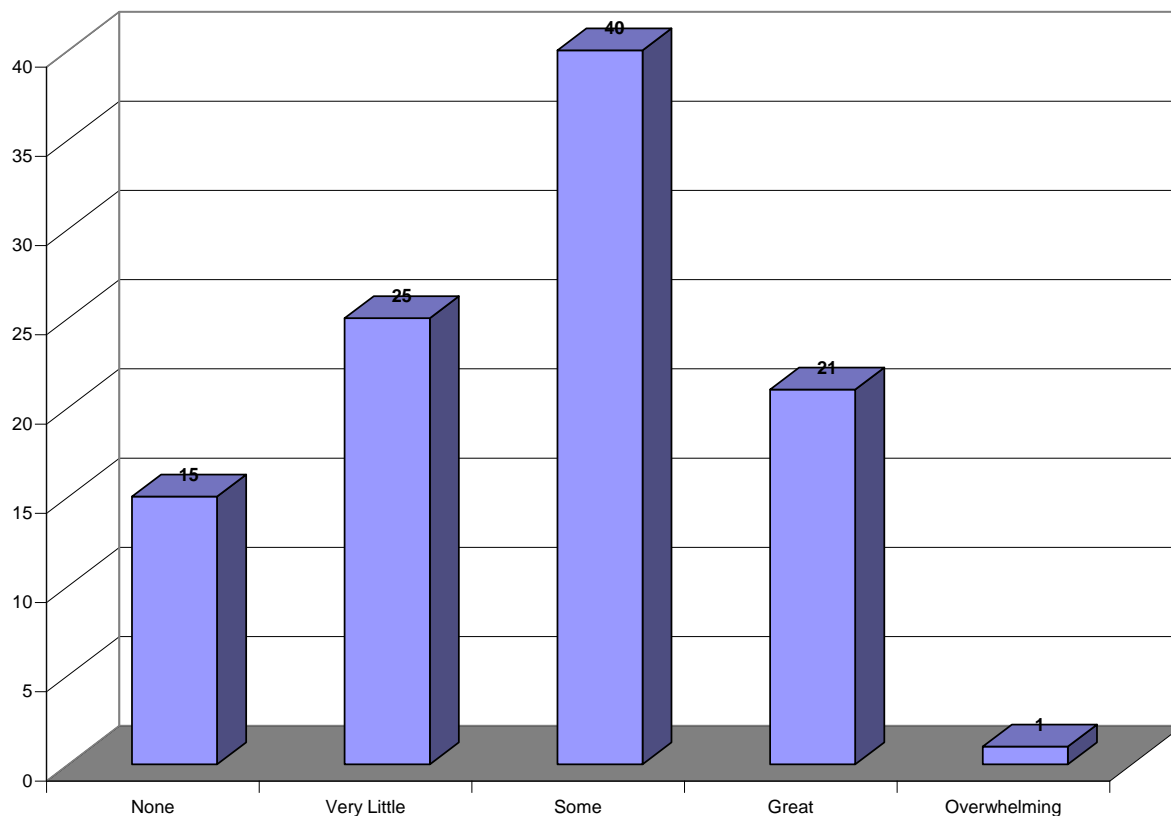


As regards the impact of a line-of-duty suicide call on the respondent's *professional* life, there was a considerable spread among the EMS professionals in how they rated their experience. A rating of "Some" impact was reported the most frequently (39%), followed by "Very Little" (25%), followed by "Great" (21%). For full results of this survey item see Table 3 and Figure 11.

Table 3: Survey Item: "*How would you rate the impact of responding to a suicide in your professional life?*"

	Total	Percentage
None	15	15%
Very Little	25	25%
Some	40	39%
Great	21	21%
Overwhelming	1	1%

Figure 11: Survey Item: “*How would you rate the impact of responding to a suicide in your professional life?*”

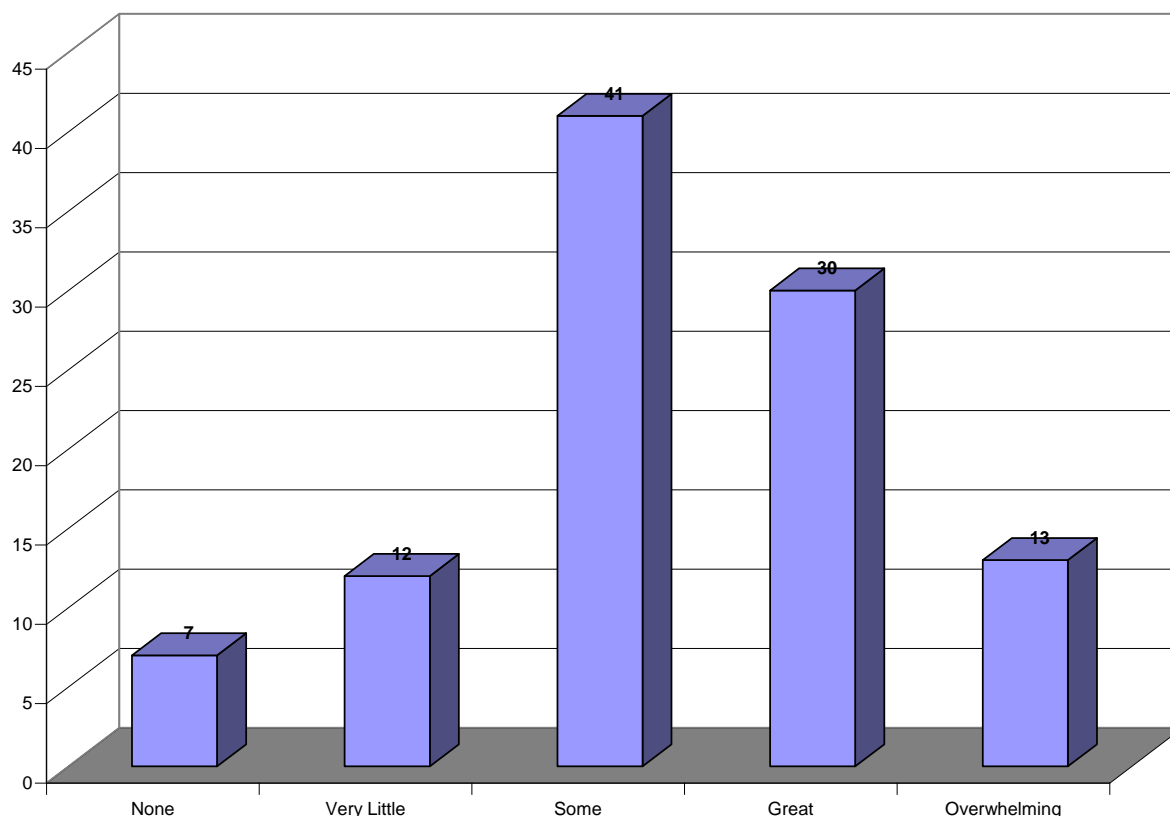


When asked about the impact of responding to a suicide in their *personal* lives of EMS personnel, it was again found that “Some” impact was the rating chosen most often (40%), but the next most endorsed rating was “Great” at 29%, and then “Overwhelming” at 13%. See Table 4 and Figure 12 for the full results of this item.

Table 4: Survey Item: “*How would you rate the impact of responding to a suicide in your personal life?*”

	Total	Percentage
None	7	7%
Very Little	12	12%
Some	41	40%
Great	30	29%
Overwhelming	13	13%

Figure 12: Survey Item: “How would you rate the impact of responding to a suicide in your personal life?”

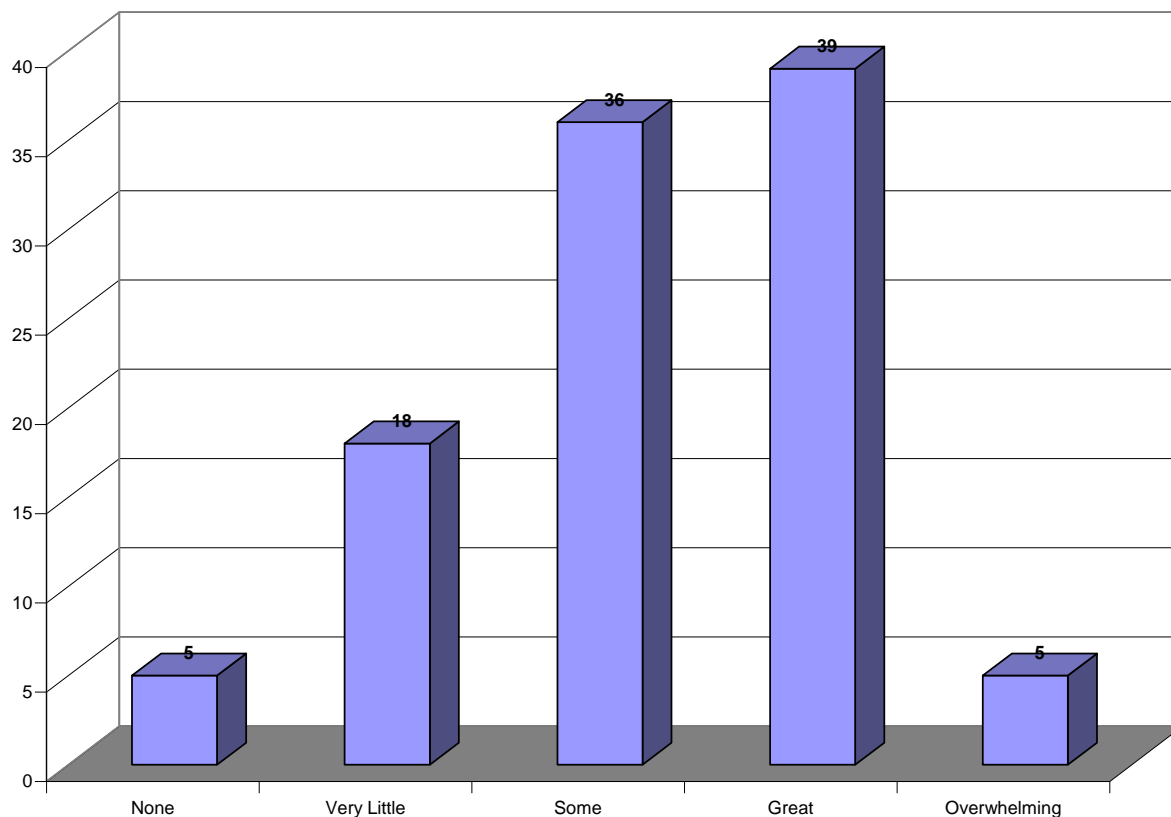


The next two survey items addressed the impact of dealing with the family member(s) of a person who completed suicide in the EMS’ professional and personal life. In regard to *professional* life, the EMS personnel rated the impact “Great” most often (38%), followed very closely by “Some” impact (35% of the respondents). See Table 5 and Figure 13 for the full results of this item.

Table 5: Survey Item: “How would you rate the impact of dealing with the family member of a person who completed suicide in your professional life?”

	Total	Percentage
None	5	5%
Very Little	18	18%
Some	36	35%
Great	39	38%
Overwhelming	5	5%

Figure 13: Survey Item: “How would you rate the impact of dealing with the family member of a person who completed suicide in your professional life?”

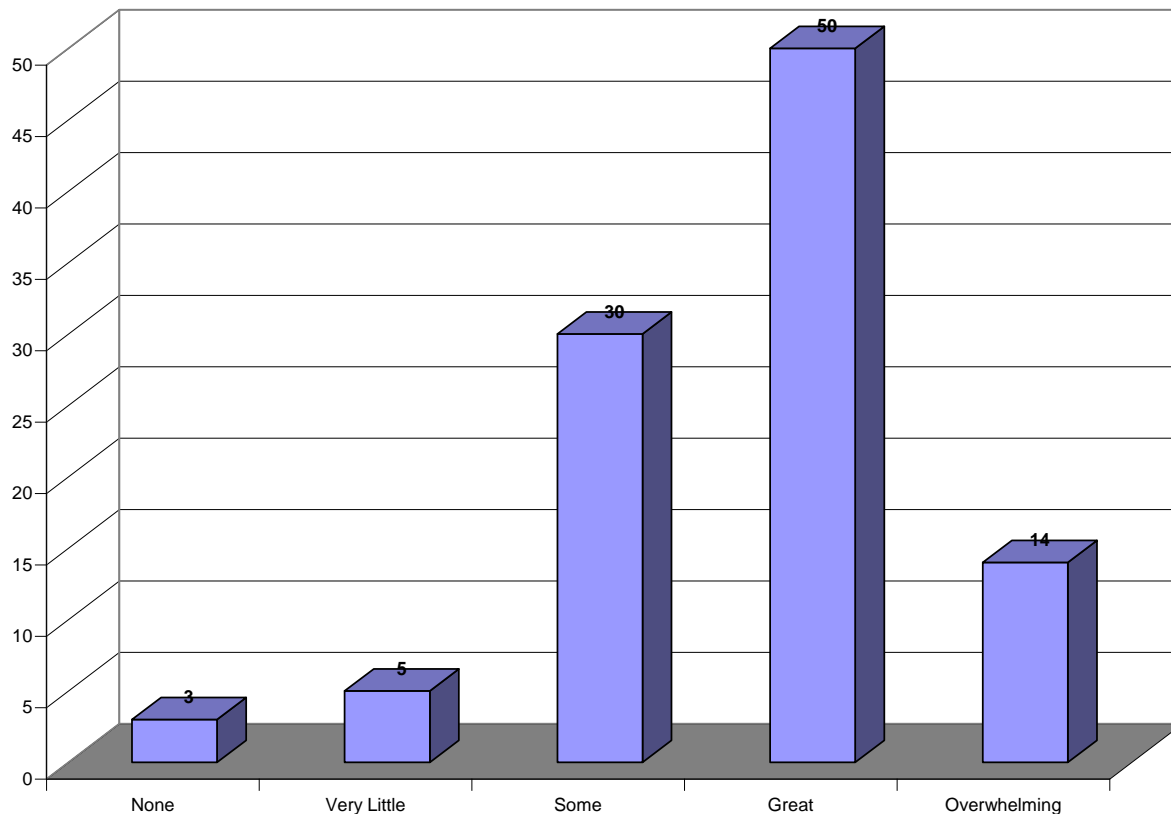


In regard to the impact of dealing with a family member(s) of someone who completed suicide on the EMS professionals' *personal* life, a larger percentage of the EMS professionals reported that the impact is "Great" (49%), again the next highest endorsed rating was "Some" impact at 29%, but the third highest impact rating was "Overwhelming" at 14%. See Table 6 and Figure 14.

Table 6: Survey Item: *"How would you rate the impact of dealing with the family member of a person who completed suicide in your personal life?"*

	Total	Percentage
None	3	3%
Very Little	5	5%
Some	30	29%
Great	50	49%
Overwhelming	14	14%

Figure 14: Survey Item: “How would you rate the impact of dealing with the family member of a person who completed suicide in your personal life?”

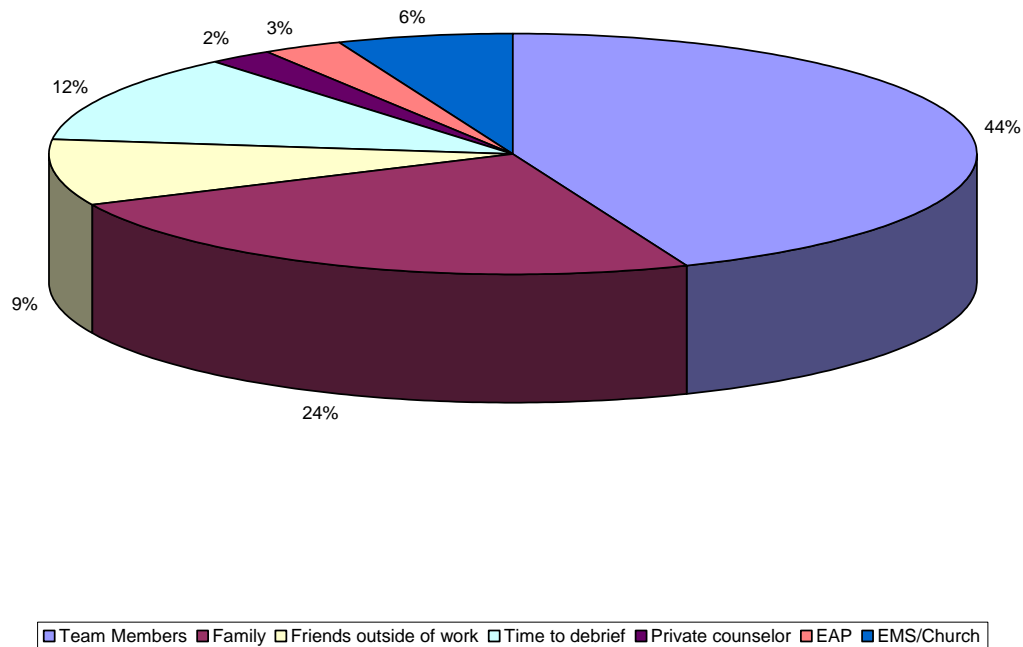


In addition to the perceived impact of dealing with a suicide event, respondents were asked about their sources of support following a suicide call. The most endorsed source of support was “Team Members,” (44%), followed by “Family” (24%). See Table 7 and Figure 15 for the full results.

Table 7: Survey Item: “Which would you say provides the greatest source of support following the response to a suicide?”

	Total	Percentage
Your Team Members	44	44%
Your Family	24	24%
Your friends outside of work	9	9%
Having time to debrief upon returning to the station	12	12%
A private counselor	2	2%
Employee Assistance Professional	3	3%
EMS/Church	6	6%

Figure 15: Survey Item: “Which would you say provides the greatest source of support following the response to a suicide?”



Brief summary:

While similar surveys about the professional and personal experience of suicide events are not readily available from other first responder professions for comparative purposes, e.g., clergy or police, this limited survey suggests the following conclusions:

- EMS professionals have a high degree of line-of-duty exposure to suicidal behaviors, both in the pre-attempt phase (when suicidal persons are communicating intent and desire to attempt suicide via suicide warning signs), and after a suicide attempt or completion.
- EMS professionals also have a high degree of exposure to suicide in their personal lives, with an expected greater emotional impact for these events.
- While perceived comfort and competence in conducting suicide interventions or dealing with suicide events varies considerably, the majority of EMS professionals reported that additional training would be beneficial, and would be willing to undertake such training.
- In this survey, EMS professionals see their greatest area of support coming their work teams and family members.

The staff and faculty of the QPR Institute

